HMIS Paper Intake Form

*** INTAKE DATE** ____/____/____ *** SHELTER BED** _____ **PRIMARY WORKER** _____

REFERRED BY (choose one) ☐ Self ☐ Agency (Name) _____

*** FIRST NAME** _____ **MIDDLE NAME** _____ *** LAST NAME** _____ **SUFFIX** _____

ALIAS _____ *** BIRTH DATE** ____/____/____

*** SOCIAL SECURITY #** _____-_____-_____ *** SSN DATA QUALITY** ☐ Full SSN ☐ Partial SSN ☐ Don't Know ☐ Refused

*** GENDER**
- ○ Male
- ○ Female
- ○ Trans-Male
- ○ Trans-Female

*** ETHNICITY**
- ○ Hispanic / Latino
- ○ Non-Hispanic / Non-Latino

*** RACE**
- ☐ American Indian or Alaskan Native
- ☐ Black or African-American
- ☐ White
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander

*** LAST PERMANENT ADDRESS**

*** ZIP CODE** _____

CITY / TOWN _____

TOWNSHIP _____

DATE LEFT ____/____/_____

*** ZIP CODE DATA QUALITY**
- ○ Full Zip Code Recorded
- ○ Don't Know
- ○ Refused

*** LENGTH OF STAY AT PREVIOUS RESIDENCE**
- ○ <=1 Week
- ○ > 1 Week and < 1 Month
- ○ 1 to 3 Months
- ○ > 3 Months and < 1
- ○ >= 1 Year

*** RESIDENCE PRIOR TO PROGRAM ENTRY: i.e. Where Did the Client Sleep Last Night? (Check One Only)**
- ○ Emergency shelter (including a youth shelter, or hotel, motel, or campground paid for with emergency shelter voucher)
- ○ Transitional housing for homeless persons (including homeless youth)
- ○ Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)
- ○ Substance abuse treatment facility or detox center
- ○ Hospital (non-psychiatric)
- ○ Jail, prison, or juvenile detention facility
- ○ Apartment or house that you own
- ○ Room, apartment, or house that you rent
- ○ Staying or living in a family member's room, apartment or house
- ○ Staying or living in a friend's room, apartment or house
- ○ Hotel or motel paid for without emergency shelter voucher
- ○ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- ○ Foster care home or foster care group home
- ○ Other
- ○ Don't Know
- ○ Refused

*** HOMELESS CAUSE**
- ○ Benefits Loss/Reduction
- ○ Job Income Loss/Reduction
- ○ Eviction
- ○ Relocation
- ○ Release from Prison /Jail
- ○ Release from Hospital
- ○ Release from Psych Facility
- ○ Illness
- ○ Injury
- ○ Domestic Violence
- ○ Asked to Leave a Shared Residence
- ○ Drug / Alcohol Abuse
- ○ Other
- ○ Natural Disaster
- ○ Not Currently Homeless
- ○ Foreclosure
- ○ Don't Know

*** HOMELESS DURATION**
- ○ 0 - 30 Days
- ○ 31 - 60 Days
- ○ 61 - 90 Days
- ○ 91 - 180 Days
- ○ Between 6 & 12 months
- ○ 12 months or longer
- ○ Unknown

*** EPISODES OF HOMELESSNESS IN PAST 3 YEARS**
- ○ 0
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10 or more

*** HOUSING STATUS**
- ○ Literally Homeless
- ○ Housed and at imminent risk of losing housing
- ○ Housed and at-risk of losing housing
- ○ Stably Housed
- ○ Don't Know
- ○ Refused

MARITAL STATUS
- ○ Single
- ○ Married
- ○ Common Law
- ○ Divorced
- ○ Separated
- ○ Remarried
- ○ Widow(er)

*** INDIVIDUAL / FAMILY TYPE**
- ○ Individual Male
- ○ Individual Female
- ○ Individual Male – Youth (<18)
- ○ Individual Female – Youth (<18)
- ○ Single Parent Family – Male Head
- ○ Single Parent Family – Female
- ○ Single Parent Family – Youth Head
- ○ Two Parent Family – Adult
- ○ Two Parent Family – Youth
- ○ Adult Couple without Children

*** NUMBER OF CHILDREN:** _____

CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5	CHILD 6
GENDER	**GENDER**	**GENDER**	**GENDER**	**GENDER**	**GENDER**
○ Male	○ Male	○ Male	○ Male	○ Male	○ Male
○ Female	○ Female	○ Female	○ Female	○ Female	○ Female
AGE	**AGE**	**AGE**	**AGE**	**AGE**	**AGE**
○ Under 1	○ Under 1	○ Under 1	○ Under 1	○ Under 1	○ Under 1
○ 1 – 5	○ 1 – 5	○ 1 – 5	○ 1 – 5	○ 1 – 5	○ 1 – 5
○ 6 – 12	○ 6 – 12	○ 6 – 12	○ 6 – 12	○ 6 – 12	○ 6 – 12
○ 13 – 17	○ 13 – 17	○ 13 – 17	○ 13 – 17	○ 13 – 17	○ 13 – 17

*** MONTHLY INCOME SOURCES** (Enter Monthly Income in Each Applicable Box)

	Amount		Amount		Amount
Earned Income	$	Unemployment Benefits	$	SSI	$
SSDI	$	Veteran's Disability Payment	$	Private Disability Insurance	$
Worker's Compensation	$	TANF	$	General Public Assistance	$
Retirement Income from SSA	$	Veteran's Pension	$	Pension from a former job	$
Child Support	$	Alimony or Other Spousal Support	$	Other: _____	$
None	$ 0				

*** NON-CASH BENEFITS**

- ☐ Food Stamps or money for food on a benefits card
- ☐ MEDICARE Health Insurance program
- ☐ Special Supplemental Nutrition Program for Women, infants and Children (WIC)
- ☐ TANF Child Care Services
- ☐ Other TANF-funded services
- ☐ Other Source
- ☐ None
- ☐ MEDICAID health insurance program
- ☐ State Children's Health Insurance Program
- ☐ Veteran's Administration (VA) Medical Services
- ☐ TANF transportation services
- ☐ Section 8, public housing, or other rental assistance
- ☐ Private Health Insurance
- ☐ Other Health Insurance

*** SPECIAL NEEDS**

- ☐ Mental Illness
- ☐ Drug Abuse
- ☐ MRDD
- ☐ Domestic Violence
- ☐ Alcohol Abuse
- ☐ HIV/AIDS
- ☐ Physical Disability
- ☐ None

DOMESTIC VIOLENCE: IF YES, WHEN EXPERIENCE OCCURRED

- ○ Within the past 3 Months
- ○ 3-6 Months Ago
- ○ 6-12 Months Ago
- ○ More than a Year Ago
- ○ Don't Know
- ○ Refused

FOR THE FOLLOWING QUESTIONS, PLEASE NOTE IF IT IS EXPECTED TO BE OF LONG-CONTINUED AND INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY:

DRUG / ALCOHOL ABUSE:

- ○ Yes
- ○ No

MENTAL ILLNESS:

- ○ Yes
- ○ No

*** GENERAL HEALTH**

- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor
- ○ Don't Know

*** DISABLING CONDITION**

- ○ No
- ○ Don't Know
- ○ Refused
- ○ Yes (not Specified)
- ○ Yes, Diagnosable Substance Use Disorder
- ○ Yes, Serious Mental Illness
- ○ Yes, Developmental Disability
- ○ Yes, Chronic Physical Illness or Disability
- ○ Yes, Dually Diagnosed

*** CURRENTLY PREGNANT**

- ○ Yes
- ○ No

DUE DATE

___ /___ /___

*** CURRENTLY EMPLOYED**

- ○ Yes
- ○ No

EMPLOYMENT TENURE

- ○ Permanent
- ○ Temporary
- ○ Seasonal

NUMBER OF HOURS WORKED IN PAST WEEK

_____

LOOKING FOR WORK

- ○ YES
- ○ No

PRIMARY LANGUAGE

- ○ English
- ○ Spanish
- ○ French
- ○ Chinese
- ○ Arabic
- ○ Hebrew
- ○ Hindi
- ○ Russian
- ○ Sign Language
- ○ Other
- ○ Creole
- ○ Greek
- ○ Italian
- ○ Japanese
- ○ Vietnamese
- ○ Braille
- ○ Tagalog

*** HIGHEST LEVEL OF SCHOOL COMPLETED**

- ○ No schooling completed
- ○ Nursery school to 4th Grade
- ○ 5th or 6th Grade
- ○ 7th or 8th Grade
- ○ 9th Grade
- ○ 10th Grade
- ○ 11th Grade
- ○ 12th Grade – No Diploma
- ○ High School Diploma
- ○ GED
- ○ Post-secondary school

*** CURRENT STUDENT**

- ○ Yes
- ○ No

*** POST-SECONDARY DEGREE**

- ○ Associates
- ○ Bachelors
- ○ Masters
- ○ Doctorate
- ○ Other graduate/professional degree
- ○ None

*** RECEIVED VOCATIONAL TRAINING OR APPRENTICESHIP CERTIFICATE?**

- ○ Yes
- ○ No

*** VETERAN**

- ○ No
- ○ Yes
- ○ Don't Know
- ○ Refused

BIRTH PLACE

_____

CITIZEN

- ○ US Citizen
- ○ Registered Alien: Alien Registration _____
- ○ Undocumented Alien

SERVICES SOUGHT

- ☐ Shelter / Housing
- ☐ Mental Health Care
- ☐ Legal Aid - CRJS /Civil
- ☐ Drug Treatment
- ☐ Medical Care
- ☐ Legal Aid - Immigration

Emergency Contact _____ **Address** _____ **Relation** _____ **Phone** _____